U9 540 756

PTO-SARIOS (08-01)

Approved for use through 7/51/2005, CMB 0851-0002

U.S. Petert and Trademark Office; U.S. DEPARTIMENT OF COACMERCE to a collection of information unless the diseases.

	PAT	TENT APPLI		N FEE DETI tute for Form P		ON RECOR	D		ation or Docket N		<b>"</b>
CLAIMS AS FILED - PART ( (Column 1) (Column 2)							SWATT ENLLLA		OTHER THAN SMALL ENTITY		
FOR NUMBER			ER FILEO	FILED NUMBER EXTRA		RATE	FEE	7	RATE	FEE	7
BASIC FEE (37 CFR 1.16(4))								7 oa			7
D7 CFR I		.	mhus 2	0 • •		X S_			XS.		1
DOEPEN	DENT CLAI 1.16(b))	MS .	minus	3		1 ,		1 "	× .	<del> </del>	┨ .
MILITARY S	DEPENDS	INT CLAIM PRESE		(37 CFR 1.16(d))		1	<del></del>	- OR	ļ.,—:		-
						ــــــــا ل	•	- °	<u> </u>	<del> </del>	4
' if the difference in column 1 is less than zero, enter "O" in column 2.						TOTAL	·	OR	TOTAL		4
		LAIMS AS AM	ENDED	- PART II							1
444	05	(Column 1)	<b>,</b>	(Column 2)	(Column 3)	SMA	LL ENTITY	OR		R THAN ENTITY	
ENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST MIMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		. RATE .	ADDI- TIONAL FEE	
<b>E</b>	Yold FR 1,14(d)	. 30	Minus .	30	•	2 2/5		OR	** 1772		1/
Z W	pendent F41.16pg	. 5	Mina	- (o	1./	1	4	1 on	× 200	<del></del>	1:
No.	T PRESENT	ATION OF MALTIPL	E DEPEND	ENTOLEM (27 CI	FR 1 1600)	1 7 X	<del>} </del>	1	- 643		1;
						TOTAL	<del>`</del>	OR	TOTAL		<b>Ⅎ</b> ᠄᠄
						ADD'L FE	·	OR	ADD'L FEE		┩`
19	-(1/6-	(Column 1)	11111	(Column 2) HIGHEST	(Column 3)						1
		REMAINING AFTER AMEXIMENT	:	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
<b>E</b> # a	Total FR 1,16(±0)	. 30	Minus	30	• /	425		OR	17		1
AMENDMENT	Probrec Experience	. 6	Minus.	- 6	•/	SOF	2	OR.	200	.,	1
FRS	T PRESENT	ATION OF MULTIPLE	E DEPOND	BIT CLAIM DZ C	9 1 16(6)	1		1		<del></del>	1
FRST PRESENTATION OF MULTIPLE DEPONDENT CLAM (37 GFR 1.16(4))						TOTAL	<del></del>	OR .	TOTAL		-
1-91	d) 9		į			ADOL FEE	· L	OR	ADD'L FEE		4
<u> </u>	<u>טעט</u>	(Column 1)		(Column 2)	(Column 3)						1
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
No.	Total FA 1,15(rb)	30	Minus	<b>.</b> 30	• /	xAS.		OR	x.47).		1
	Instina (COL.) FF	6	Minus	6	• /	11/17		OR	×.200		1
FRE	T PRESENTA	ATION OF MERTIPLE	DEPENCE	SAT CLAIM (37 CF	R 1. Secto	700					1
						TOTAL	+	OR	TOTAL		-
• #the	entry in co	faces 1 is less than	One andre	in column 2. mili na mais coace	مراشن میشاند.	ADOL FEE		OR	ADD'L FEE		4
- 400	<b>Tighest N</b>	tumber Proviously	Paid For	IN THIS SPACE	s less than 20.	erter 25.	****	···	در در ایکمیکیست. در در ایکمیکیست ، سد		- ~1

"If the "tighest Number Previously Paid For" in THIS SPACE is less than 2, enter "2".

"If the "tighest Number Previously Paid For" in THIS SPACE is less than 3, enter "2".

The "tighest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This coffection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the LSPTO in process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 GFR 1.14. This coffection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments on the amount of time you require to complete tile form ancient suggestions for reducing this breach, should be sent to the Chief Information Officer, U.S. Patient and Trademath Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 2215-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 2215-1450.

If you need assistance in completing the form, call 1-800-PTO-8199 and select option 2.